

3. No. 2
9-4-41
5-17-43
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34726**
Registrar's No. **815**

OCT 25 1943
Registration District No. **128**

Primary Registration District No. **2000**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**
(a) County **Springfield**
(b) City or town **Springfield**
(c) Name of hospital or institution: **O'Reilly General Hospital**
(d) Length of stay: In hospital or institution **19 days**
In this community **19 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Pennsylvania** (b) County **Lackawanna**
(c) City or town **Scranton**
(d) Street No. **1759 Sanderson Avenue**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **JOHN DEETZ HOUCK**
(b) If veteran, name war **no**
(c) Social Security No. **unk.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **3**
year **1943** hour **8** minute **50 P. M.**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elizabeth Santee Houck**
6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **November 14, 1915**

21. I hereby certify that I attended the deceased from **September 15, 1943 to October 3, 1943**
that I last saw him alive on **October 3, 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **27** Months **10** Days **19**
If less than one day hr. min.

Immediate cause of death **Edema, cerebral**
Duration **6 hrs**
Due to **Brain, tumor of, frontal lobe, left, cause undetermined**

9. Birthplace **Scranton Pennsylvania**
10. Usual occupation **Physician**

Other conditions **568**
Major findings of operations **PHYSICIAN**

MOTHER FATHER

11. Industry or business
12. Name **John Earl Houck**
13. Birthplace **(City unknown) Pennsylvania**
14. Maiden name **Muriel Smith**
15. Birthplace **(City unknown) Pennsylvania**

Confirmation of above diagnoses.

16. (a) Informant **Elizabeth S. Houck**
(b) Address **Bethel Vista Farm, Bethel Pa.**
17. (a) Removal **Oct. 4, 1943**
(b) Date thereof **Oct. 4, 1943**
(c) Place: burial or cremation **Scranton, Pennsylvania**
18. (a) Signature of funeral director **H. H. Lohmeyer**
(b) Address **Springfield, Mo.**
19. (a) **10-4-43**
(b) **W. H. Handley**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature **J. J. Hansen**
Address **O'Reilly Gen Hosp**
Date signed **10-4-43**

984

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Walter E. Hamilton

Licensed Embalmer No. *3808*

P. O. Address *Springfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.